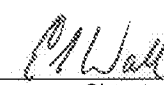


NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) Mobilitec 5
In re Application of Gidron		
Application Number 10/573,832		Filed 12/05/2006
For SERVICE PLATFORM FOR CELLULAR TELEPHONY		
Art Unit 2617		Examiner Munsoon Choo
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>0</u></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Applicants filed a Notice of Appeal on 8/31/09. The Appeal fee at that time was \$540 and the fee was paid by credit card. Therefore, there is no Appeal fee due at this time. In the event Applicants are incorrect, the Commissioner is authorized to charge any fees due to Counsel's Deposit Account 50-4802.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. _____</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>I am the</p> <div style="display: flex; justify-content: space-between;"><div style="width: 60%;"><p><input type="checkbox"/> applicant /inventor.</p><p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p><p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>39,414</u></p><p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</p></div><div style="width: 35%; text-align: center;"><div style="margin-bottom: 10px;"> _____ Signature</div><div style="margin-bottom: 10px;">Eamon J. Wall _____ Typed or printed name</div><div style="margin-bottom: 10px;">732-842-8110 X120 _____ Telephone number</div><div>11/25/09 _____ Date</div></div></div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"><p><input type="checkbox"/> *Total of _____ forms are submitted.</p></div>		